

**MEDICAL RECORD****Inpatient Progress Notes****Continued Restraint or Seclusion Authorization by Clinical Director or his/her designee  
For Behavioral Health Patients Only**

Date of visit:

Time:

Seclusion      or              Restraints    (circle one)

Assessment of patient:

Response of patient to care provided:

Plan for this patient to be released:

Justification of continued need for restraints or seclusion at this time:

Authorization for continued use of restraints or seclusion:

Date and time granted:

Authorization expires at:

**Policy Requirements**

- Use of restraint or seclusion for more than 2 consecutive 24 hour periods (48 hours) requires authorization from the Institute Clinical Director or the Institute Clinical Director's designee.
- The Institute Clinical Director or the Institute Clinical Director's designee shall conduct a face-to-face evaluation of the patient:
  - a) within the first 24 hours of continuous restraints or seclusion, and
  - b) every 48 hours as long as the restraint or seclusion continues.
- The Institute Clinical Director or the Institute Clinical Director's designee shall document each in-person evaluation and shall provide a written authorization to continue restraints or seclusion using form: *Continued Restraint or Seclusion Authorization by Clinical Director*.

\_\_\_\_\_  
Physician Signature and Degree

\_\_\_\_\_  
Date

Patient Identification

Inpatient Progress Notes  
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File in Section 2: Progress Notes